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PATENT
Attorney Docket No.: 021258-001310US

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On April 9, 2004

TOWNSEND and TOWNSEND and CREW LLP

By: [Signature]

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

LYE et al.

Application No.: 10/713,244

Filed: November 13, 2003

For: MEDICAL DEVICES HAVING
POROUS LAYERS AND METHODS
FOR MAKING SAME

Customer No.: 20350

Examiner: UNASSIGNED

Technology Center/Art Unit: 3737

PRELIMINARY AMENDMENT

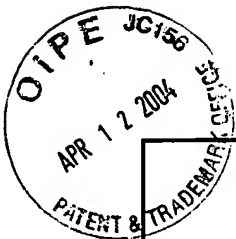
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Prior to examination of the above-referenced application, please enter the following amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.



TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/713,244
		Filing Date	November 13, 2003
		First Named Inventor	LYE, WHY-KEI
		Art Unit	3737
		Examiner Name	UNASSIGNED
Total Number of Pages in This Submission	8	Attorney Docket Number	021258-001310US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Return Postcard
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Townsend and Townsend and Crew LLP Scott M. Smith Reg. No. 48,268
Signature	
Date	4/9/04

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Typed or printed name	Jodie M. Rivas		
Signature		Date	4/9/04